

## OMNOVA Solutions Inc. Political Action Committee

25435 Harvard Road Beachwood, OH 44122

FEC ID: C00349993

April 20, 2020

Public Records Office Federal Election Committee 1050 First St NE Washington, DC 20463

Dear Recipient:

This letter is to inform you of changes in our elected officers. The following new officer has been appointed:

Treasurer – Kristen Jones

Kristen will replace Rob Rummer as the new Treasurer on file. Please see attached for our updated Statement of Organization (FEC Form 1). If you have any questions or require additional information please contact me using the details below.

Sincerely,

Anthonee E. Smith Assistant Treasurer

Phone: 216-682-7038

Email: anthonee.smith@omnova.com

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FEC FORM 1

## STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
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	CITY ▲		STATE A	ZIP CODE A
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	Optional Second E-Mail Add	dress		
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COMMITTEE'S WEB PAGE ADI	DRESS (URL)			
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2. DATE DI Î	Š Žožŏ			
3. FEC IDENTIFICATION NU	JMBER ▶ C 0	0349993		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	t is true, correct and cor	nplete.
Type or Print Name of Treasure	ANTHONEE E	SM 174		
Signature of Treasurer ${\cal Q}$	nthone E. Anti	uç	Date O	5 2020
NOTE: Submission of false, errone		may subject the person signing ION SHOULD BE REPORTED		alties of 52 U.S.C. §30109
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ion FS	C FORM 1 levised 06/2012)

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		OMMITTEE  Committee:
	Cidale []	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	3	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Cand		
Cand Party	idate Affiliatio	Office State on Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candi		
Part	у Соп	nmittee:
(d)	7 % 2 %	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Par
Polif	tical A	ction Committee (PAC):
(e)	1,7 5 6 9	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization i
	,.	Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
<b>(f)</b>	4. 3	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pa committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		tn addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Join	t Fund	Iraising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
	1.	
		For the state of t
	2.	FEC ID number C
	3.	FEC ID number C

i	FEC Form 1 (Revised (	02/2009)	Page 3
١	Write or Type Committee Name		
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership	PAC Sponsor
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L	1111111		
	Mailing Address		
		CITY STATE Z	P CODE
	Relationship. Connected	d Organization Affiliated Committee Joint Fundraising Representative Leade	ership PAC Sponsor
·.	Custodian of Records: Ider books and records	ntify by name. address (phone number optional) and position of the person in posse	ssion of committee
	Full Name KRIS	STEN, JONES	<del></del>
	Mailing Address	25435 HARVARD ROAD	1
			<del></del>
		BEACHWOOD. OH H4,12	2-16201
	Title or Position	CITY STATE ZI	PCODE
	TREASURER	Telephone number [2,1,6]-68	2-7,0,3,2
3.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number - optional) of the treasurer of the committee; and the name assistant treasurer)	and address of
	Full Name of Treasurer KRIS	STEN JONES	
	Mailing Address	25435 HARVARD ROAD	and the second seco
			!
		BEACHWOOD OH 44,1,2	2-6201
	Title or Position	CITY STATE ZIF	CODE
g g	TREASURER	Telephone number	2-7032
		CITY STATE ZIF	CODE

FEC Form 1 (Re	vised 02/2009)		Page <b>4</b>
	·		
Full Name of Designated Agent		1 - 1 1 1 1 1 1 1 1 1 1	
Mailing Address			
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	CITY	STATE	ZIP CODE
Title or Position			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	elephone number	_] ~ [
Banks or Other Deposits safety deposit boxes or a Name of Bank, Deposito		h the committee deposits fund	ds, holds accounts, rents
Mailing Address	\ i   4 \ 1 \ 1 \ 1 \ 1 \ i \ ;	1 ! 1 : 1 1 1 1 1 1	
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•	CITY	STATE	ZIP CODE
Name of Bank, Deposito	ory, etc.		
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	CITY	STATE	ZIP CODE

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